



## CAMP HOPE Eligibility Questionnaire

Child(ren) you're applying for:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate: \_\_\_\_\_

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Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate: \_\_\_\_\_

Number of adults in Household: \_\_\_\_\_

Number of minors in household: \_\_\_\_\_

Age of oldest minor: \_\_\_\_\_

Child(ren) reside primarily with: \_\_\_ Mother \_\_\_ Father \_\_\_ Other legal Guardian

Mother's Name:

Address:

Occupation:

Work location: \_\_\_\_\_ Shift Time: \_\_\_\_\_

Father's Name:

Address:

Occupation:

Work location: \_\_\_\_\_ Shift Time: \_\_\_\_\_

Other Household Adult Members:

Names:

Relation to child:

Occupation:

Work location: \_\_\_\_\_ Shift Time: \_\_\_\_\_

For children living with legal guardians other than biological parents, complete below:

Legal Guardian#1:

Relation to child(ren):

Address:

Occupation:

Work location: \_\_\_\_\_ Shift Time: \_\_\_\_\_

Legal Guardian#2:

Relation to child(ren):

Address:

Occupation:

Work location: \_\_\_\_\_ Shift Time: \_\_\_\_\_

Other Household Adult Members:

Names:

Relation to child:

Occupation:

Work location: \_\_\_\_\_ Shift Time: \_\_\_\_\_

